

**Members**

Rep. Jackie Walorski, Chairperson  
Rep. Phil Hinkle  
Rep. Gerald Torr  
Rep. David Orentlicher  
Rep. Greg Porter  
Rep. Duane Cheney  
Sen. Gary Dillon, Vice-Chairperson  
Sen. Dennis Kruse  
Sen. Ryan Mishler  
Sen. Earline Rogers  
Sen. Timothy Skinner  
Sen. Karen Tallian



## **INTERIM STUDY COMMITTEE ON CHILDREN'S ISSUES**

**Legislative Services Agency  
200 West Washington Street, Suite 301  
Indianapolis, Indiana 46204-2789  
Tel: (317) 233-0696 Fax: (317) 232-2554**

**LSA Staff:**

Chris Baker, Fiscal Analyst for the Committee  
Eliza Houston, Attorney for the Committee

**Authority:** Legislative Council Resolution 06-01

### **MEETING MINUTES<sup>1</sup>**

**Meeting Date:** August 28, 2006  
**Meeting Time:** 10:00 A.M.  
**Meeting Place:** State House, 200 W. Washington St.,  
Room 130  
**Meeting City:** Indianapolis, Indiana  
**Meeting Number:** 1

**Members Present:** Rep. Jackie Walorski, Chairperson; Rep. Phil Hinkle; Rep. David Orentlicher; Rep. Greg Porter; Rep. Duane Cheney; Sen. Earline Rogers; Sen. Timothy Skinner; Sen. Karen Tallian.

**Members Absent:** Rep. Gerald Torr; Sen. Gary Dillon, Vice-Chairperson; Sen. Dennis Kruse; Sen. Ryan Mishler.

Representative Jackie Walorski, Chair, called the first meeting of the Interim Study Committee on Children's Issues to order at 10:06 AM. The Chair outlined the meeting topics and had members introduce themselves to the public in attendance. With no opening comments or questions offered by Committee members, the Chair opened the floor to testimony.

#### **Michael M<sup>c</sup>Carthy, Riley Children's Hospital-**

Mr. M<sup>c</sup>Carthy provided the Committee with credentials on his professional background as basis for his testimony on child diabetes. He described the differences between Type 1 and Type 2 diabetes. Type 1, he explained, required insulin replacement injections in order to maintain health. He stated that most children with diabetes have Type 1. He explained that if Type 1 children do not receive their insulin replacement, it can lead to grave illness.

Mr. M<sup>c</sup>Carthy presented the Committee with a handout detailing his testimony. (See Exhibit A).

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<sup>1</sup> Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.in.gov/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Senator Skinner, Committee member, asked Mr. McCarthy if non-medical persons assisting with the care of a diabetes student are trained sufficiently to assist school medical personnel.

Mr. McCarthy replied that families are able to take care of their children with diabetes care needs. He continued that there are only a few items that a care provider needs to recognize including low blood sugar count, checking urine for ketones, and notifying an appropriately trained person when a child needs treatment. He said that unfortunately budgets do not afford putting a nurse in every school building and that we need to adequately address training of non-medical personnel.

Representative Porter, Committee member, asked about the fiscal implications of a nurse in every school building.

Mr. McCarthy replied that although having one nurse in every school building is the ultimate, a one-to-one school-to-nurse ratio is not a fiscal practicality.

Chairwoman Walorski said that her husband is a teacher and that he along with all the other teachers at his school receive a ten-minute training film on student health issues including diabetes. He was unsure if he felt qualified to treat a child with a medical condition, except to call for help.

Mr. McCarthy replied that that course of action is ok if the person contacted has been trained.

**Sue Sandberg, Parent, Hamilton County-**

Ms. Sandberg began her testimony by sharing that she has a 13-year-old daughter with diabetes in school. She said her child's school in the Hamilton Southeastern School District had an RN on duty but did not believe that her daughter was better protected as a result. Ms. Sandberg continued that it is important to have trained non-medical personnel in the schools to help with children with diabetes.

Ms. Sandberg said that there is a 1-in-400 incidence rate of Type 1 diabetes in schools presently. Under her school's policy, Ms. Sandberg stated that her daughter must go to the school nurse to check her blood sugar level and is not allowed to self-manage her diabetes. Ms. Sandberg said that as a result of her daughter's trips to the nurse's office, she was missing an hour of classroom time per week, and that the nurse was insensitive to the frequency of her blood sugar checks. The nurse, Ms. Sandberg stated, suggested to let her daughter run high (with a high blood sugar count) and that school officials told her that they were over-exaggerating the effect of their daughter's diabetes.

Ms. Sandberg said it was difficult to know precisely when her daughter's count may be too low or high, that it was very much based on how her daughter felt. She said that her daughter had been disciplined for having checked her blood sugar levels and found it was normal, therefore making it more problematic for her to check in the future. Ms. Sandberg explained that the nurse would not check her daughter unless she were at a high or low blood sugar count already, yet how would one know that she was low or high without a test?

Ms. Sandberg said she retained an attorney in order to get her daughter covered under equal access to education for children with disabilities. She indicated that the school said her daughter did not qualify because her grades were too high.

Ms. Sandberg closed that it has been her experience that her daughter's situation is not unique and that she has been contacted by several other parents in regard to diabetes issues and

their children in school. She said it is important to implement the proposed legislation on doctor-approved individual student medical plans.

Senator Skinner said that in his experience as an educator, he did not think Ms. Sandberg's situation was the norm and that in his school district in Vigo County it is policy to do all that they can to give treatment to students in need. He said that he has had a student with diabetes and keeps snacks and soft drinks nearby to help his student's blood sugar levels and that he would never question the student's personal medical plan. The Senator continued that school districts are afraid of doing anything, so they develop policies to protect themselves. He said perhaps in Ms. Sandberg's case, if their nurse had the attitude such as was described then maybe they should not be in that job.

Ms. Sandberg replied that there were more incidents with upcoming testimony to confirm that her daughter's situation was not unique.

**Phyllis Lewis, Coordinator Health Services, Department of Education-**

Ms. Lewis testified that the primary reason for school nurses is to provide for special needs students. She said that the General Assembly had passed IC 34-30-14 (Immunity of Certain Persons Who Administer Medications to Pupils at School) in 1998. She further said that the provision does not compel the administration of medicine and that the act requires immunity for administering personnel, the keeping of records, and training before administering.

Ms. Lewis said that IC 34-30-14-6 allows for a student to self-administer medication for an acute or chronic illness. She said, however, that school personnel generally have a hard time keeping record of those students that do self-administer. Schools have more difficulty in knowing a student's condition when self-administering medication.

Chairwoman Walorski asked Ms. Lewis if schools follow through with individual student medical plans.

Ms. Lewis replied that a student must have a physician approve a plan, and the school nurse must assess and examine the student and talk with parents. She offered that there can sometimes be a disconnect between health and education. She also said that nurses can be charged with neglect and gross misconduct and can be sued individually.

Senator Skinner commented that a list of warning signs of acute conditions is given to all teachers for all of their students. He said that he believed that his school nurse is following the law to the letter.

Representative Hinkle, Committee member, asked Ms. Lewis if the school policies on medication conflict with state law.

Ms. Lewis replied that there are some conflicts between the laws already in place.

Senator Tallian, Committee member, asked Ms. Lewis if there are any schools that currently prohibit self-medication. Ms. Lewis deferred to Mary Hess to answer the Senator's question.

**Mary Hess, Fort Wayne Community School Corporation-**

Ms. Hess said that Fort Wayne Community School Corporation allows for self-medication with certain conditions. First, a doctor must give permission for a student to self-medicate. The parent must also give permission for their child to self-medicate. Finally, the nurse checks what

the student will do and who they will go to in an emergency. She also passed out her school's health services annual report (see Exhibit B).

Senator Rogers, member, asked why do school policies vary?

Ms. Hess said that some school districts may not have the same medical input that those with self-medication policies do.

Ms. Lewis also answered that sometimes policies are changed out of response to incidents that occurred in the school.

Chairwoman Walorski asked does the system work now or do we need more people in the schools?

Ms. Hess responded that they do not have a nurse in every building. She offered that schools should establish first-responders that can contact a nurse; however, the safest way would be to have access to more nurses.

She continued that there has been a 30% increase in children with a chronic health condition.

Senator Skinner said in response that if he were a school board member he would appreciate the clarification that a uniform policy would bring.

Ms. Hess said that it is important that student health care plans are maintained by medical staff. She said it is essential to have mutual cooperation between the school, medical personnel, and the student's parents. She said then the school can do its job to implement the plan. She offered that this approach has worked well.

Representative Hinkle commented that local school boards, which are elected, should be allowed to have flexibility and maintain local control to decide policy.

Ms. Hess replied that no one knows school operations better than their administrators.

#### **Lisa Ernst, Parent and Riley Children's Hospital-**

Ms. Ernst gave background information on being the parent of a diabetic daughter and a professional certified diabetes educator with Riley for the last six years. She said that she was a school liaison with 1,800 diabetic students across the 92 counties. She stressed the importance of support from school staff to implement plans to meet the needs of children with diabetes. She said her school corporation had a nurse to cover five buildings and the school utilized non-medical persons to provide support, which has worked well.

Ms. Ernst recommended standardized training for both nurses and interested non-medical persons and that she advocated legislative action to standardize education and training requirements and allow a specific assessment and plan to allow students to self-manage diabetes. She said that some schools do not even offer a medical plan for their students. She described a situation of three boys who had not been allowed to go on field trips or play sports, because no care giver was available to attend.

In another school, Ms. Ernst said there was a full-time nurse but no contingency plan when the nurse was out due to illness or other personal matter. Therefore, the principal of the school told the parent of a diabetic child not to send their child to school on those days. She continued that another school would call the mother of a diabetic child to school to administer

insulin to her child as the school would not. The mother, Ms. Ernst said, had received warnings from her employer that she would not be able to continue to leave work or it would affect her employment.

Ms. Ernst said the problem is that no standardization exists on having a written health care plan.

Senator Tallian asked Ms. Ernst if school policies are targeted to cover the liability of a school instead of the care of the student.

Ms. Ernst answered that in her experience it is a lack of education that some things can be done, such as provide treatment if properly trained. She said that liability is a concern.

Senator Tallian observed that the General Assembly has the power to pass immunity protections to school employees, while a school board cannot.

Ms. Ernst provided an example that a student in Perry Township was missing class time because the township had defined administering of glucagon to nurses only.

Chairwoman Walorski asked if nurses can train others already.

Ms. Lewis responded that only nurses can train designated persons and that there is immunity there.

#### **Marcia Plant Jackson, Coalition of Advanced Practice Nurses of Indiana-**

Ms. Plant Jackson began her testimony by stating there is no substitute for having a nurse in the school. In her district of Hancock County, health aides provide care. She said in Perry Township there is a mixture of nurses, designated persons, and volunteer parents. She said that Warren Township sends the nurse home at 1:00 PM, with no medical personnel available after this time. She said that all nurses in Indianapolis Public Schools have a masters level of education, but not all buildings have a nurse. She outlined the purpose of the proposed legislation on individual student health plans.

Representative Porter asked her how the Learning Well is funded to which Ms. Plant Jackson responded that it is funded through the Health Foundation of Indianapolis through a grant.

#### **George Huntley, Volunteer with the American Diabetes Association-**

Mr. Huntley disclosed he has been a self-managed Type-1 diabetic for the past 23 years. He said his daily regimen includes eight blood sugar tests. He testified that current school policies in Indiana with regard to diabetes range from allowing self-medication to allowing parent-applied treatment only. He classified those policies as disruptive when they required children to be out of the class several times a day to be checked or have glucagon or insulin administered.

Mr. Huntley said that he advocates an individual student plan. He mentioned that policy after the Katrina disaster was reactionary. He said that with diabetic students there is an opportunity to be proactive and establish a plan before a disaster with a child occurs. He said such individual plans would ease parent worries. As an example, Mr. Huntley described where a school district asked the parents of a diabetic child to disenroll their child from the district and not attend their school. He presented the Committee with a copy of a handwritten letter from the parents of that child. (Refer to Exhibit C.)

Mr. Huntley concluded that there should be greater involvement in developing a plan that the legislation would provide. He said it should be a team process and educators need to get involved. He concluded by mentioning several associations in support of the legislation (SB 336-2006).

**Doug Kinzer, American Diabetes Association-**

Mr. Kinzer said the American Diabetes Association (ADA) was supportive of the introduced version of SB 336, and that it was based on ADA model language. He added that the Senate-passed version had items added under which the ADA was not as supportive.

Senator Rogers asked what the fiscal impact was.

Mr. Kinzer replied that there was no fiscal impact on the introduced version of 336 and about a \$50,000 impact on the Senate-passed version.

Representative Hinkle asked if it was a state or local impact. Mr. Kinzer replied he believed it was a state impact.

Senator Tallian asked if the bill should be limited to diabetes only.

Mr. Kinzer replied that although sympathetic to other acute conditions, they prefer a narrow focus. He said if more conditions were included, he asked where it would stop. He suggested a broader focus would bring on more opposition. He said they know what they can do and prefer a narrow scope.

Senator Skinner said that there is a need for clarification. He said that school boards need direction and believes they want to do the right thing but are afraid of lawsuits.

**Carolyn Snyder, Indiana Association of School Nurses-**

Ms. Snyder said she has been a school nurse for 31 years. She provided a handout (Exhibit D) and testified that it was her opinion that it is important to be involved with development of student health plans.

Senator Rogers asked Ms. Snyder if she supported training non-medical personnel. Ms. Snyder replied that the best way to ensure the safety of students was to have a nurse in every school building.

Representative Hinkle followed up asking for further clarification of her answer of Senator Rogers question.

Ms. Snyder responded that she was once the only nurse for five school buildings. She said they tried training teachers. The plan required the teacher to leave the classroom, and that did not work very well. She continued that Crawfordsville schools has decided to have a nurse in every building, along with Wayne Township. She said in her experience they have had no parent complaints of having a nurse in every building and that it is worth the extra spending to achieve a higher degree of safety for the students.

Representative Hinkle asked Ms. Snyder if the School Nurses Association supports care helpers. Ms. Snyder replied that she was speaking for herself and not for the Association of School Nurses when replying that she does not support the training of non-nurses.

Representative Cheney, Committee member, said that a school cannot force a school employee to partake in treatment of a student. He questioned whether any training plan should be specific to diabetes.

Chairwoman Walorski said that the General Assembly is going to be faced with implementing policies for each type of chronic condition. She said such policies are going to be developed with the knowledge that schools, particularly the schools in her district, are cutting expenditures left and right. She asked what kind of compromise can be made to assure local control within a standardized plan.

Ms. Snyder replied that they were trying. She said that times are changing and we have to respond to current needs and bring nurses up to date on diabetes.

Representative Orentlicher, Committee member, suggested that some conditions do not have need for up-to-the-hour care. He thought broadening the scope for other diseases is worth considering.

Senator Skinner said that his wife is a teacher and that she had a girl in class who could not self-maintain her diabetes. Her parents wanted his wife to administer the insulin on a field trip. He said that his wife felt unsure about whether or not she should and situations such as these present problems.

**Linda Bailey, Nurse, American Diabetes Association Leadership Council-**

Ms. Bailey suggested that if five-year-old kids are able to inject insulin to themselves, that adults with the proper training should also be able to. She continued that insulin dosing has become much easier with recent developments in administering technology, such as pumps and pens. She advocated the legislation to train non-medical care persons, but still believes in school nurse programs. She was asked by Senator Rogers if using the definition of "health care professional" with diabetes experience was too broad to include persons who should not be treating. Ms. Bailey responded that the definition would likely only include a physician, endocrinologist, a nurse familiar with diabetes, and only those who have experience with diabetes.

She continued by explaining that diabetes was a little bit different than other acute conditions, such as asthma, due to the use of needles to administer medication. Ms. Bailey said since it is easier now to administer diabetes medications and things such as blood checks require so little blood today, it is not as much a separate issue. The ability to manage diabetes has never been easier. Ms. Bailey provided a handout to Committee members titled: *Helping the Student with Diabetes Succeed* (Exhibit E).

**Nancy Pappas, Indiana State Teachers Association-**

Ms. Pappas testified that teachers do not want to be involved with treatment of special needs students when they have not been trained on what to do. She said the problem is more widespread than diabetes. She said that while needs of students have increased, there are not enough school nurses to meet those needs.

She said that schools could meet the needs if enough personnel are available. She asked that whatever course the General Assembly or the Committee took that their action would be consistent with both doctor and family expectations. She also requested that policy decisions made would keep to high standards and be consistent with the nurse practices act.

Chairwoman Walorski asked Ms. Pappas on her insight to broaden school policies to include other diseases such as asthma and not just diabetes and how would teachers feel about such a proposal.

Ms. Pappas responded that nurses sometimes do not recognize all symptoms of diabetes. Teachers should not assist or treat a student if not capable, trained, or interested in doing so. She said that the best situation is to have a nurse on duty.

Senator Skinner said a teacher is already in the situation if they have a chronically ill student in class. He said when it is not clear what to do and a teacher does help and does the wrong thing, what happens then? He said that training must be ongoing. Most teachers would not have a problem with that.

Chairwoman Walorski said that her husband is a teacher. She shared that his personal abilities would limit him to calling 911 or getting the nurse. She said teachers are on the front line whether they want to be or not.

Senator Rogers said there is a difference in responding as a teacher as opposed to a care provider.

Senator Tallian said legislation promotes individual care of the problem and schools restrict this ability. She suggested that allowing self-management would reduce the demand of school nurses' time. She continued that such practice could reduce emergencies and allow nurses to pursue other responsibilities.

Representative Hinkle asked if a policy of having sufficiently trained care givers would provide enough help to students with diabetes.

Ms. Pappas replied that it would be preferable not to go with the non-medical care-provider route. Medical persons must be in charge. She said, even though care assistance is better than nothing, a trained nurse is better.

Representative Hinkle said that a nurse in every building is a utopia situation that is not possible under today's fiscal constraints. He said that with that realization in mind, it is certainly better, a no-brainer, to have sufficiently trained care providers.

Ms. Pappas asked in response that as needs change and more care persons are needed, would changes in licensing laws be necessary to recognize the training of care assistants? She said that it is not enough to just identify diabetes, but that the person must be able to treat it.

Representative Cheney said all of these responsibilities cannot be solely placed on teachers, as they are already asked to do so much. He continued that when a teacher must respond to an acute illness of a student, then the education of the other students in the class suffers. However, he said, at the same time those same teachers have the responsibility to prepare their class to pass the ISTEP.

Chairwoman Walorski said that she would like to hear testimony on the school diabetes issue from Senator Landske at the next meeting of the Committee. She said that the Committee has an opportunity to do something with this issue. Testimony was then closed by the Chair.

The Committee set September 11, 2006, at 10:00 AM as the next meeting date of the Committee.



With no further business before the Committee, Chairwoman Walorski adjourned the Committee at 12:20 PM.